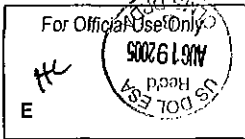


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>14059</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>COREY C GALL</b>  P.O. Box, Bldg., Room No., if any  Street <b>W175 N5700 TECHNOLOGY DRIVE</b>  City <b>MENOMONEE FALLS</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>53051</b>	4. Name, file number, and address of labor organization.  Name <b>SPRINKLERFITTERS LOCAL 183</b>  Labor Organization File Number <b>017792</b>  P.O. Box, Building and Room Number, if any  Street <b>W175 N5700 TECHNOLOGY DRIVE</b>  City <b>MENOMONEE FALLS</b>  State <b>Wisconsin</b> ZIP Code + 4 <b>53051</b>
5. Position in labor organization. <b>BUSINESS AGENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On **8/5/2005**  
Date

**262-707-2055**  
Telephone Number





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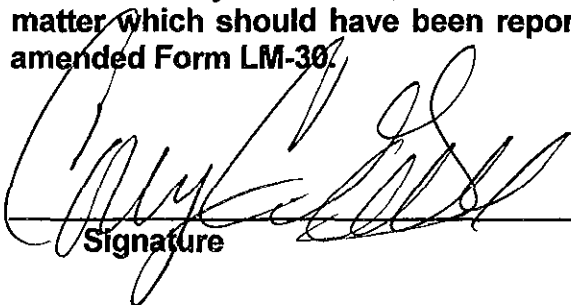
# SPRINKLER FITTERS LOCAL UNION 183

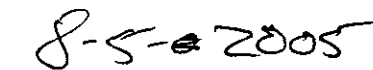
W175 N5700 TECHNOLOGY DRIVE  
MENOMONEE FALLS, WI 53051

(262) 252-0183 FAX (262) 252-7183

## DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

  
Signature

  
Date